

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 08, 2002 8:00 am**  
**Secretary of State**

09-08-2002 90050 029 \*\*\*\*61.25

**DOCUMENT # 743559**

1. Entity Name

**FOXWOOD ESTATES PROPERTY OWNERS ASSOCIATION INC.**

Principal Place of Business

Mailing Address

**4998 ALDER DRIVE  
 WEST PALM BEACH FL 33417**

**4998 ALDER DRIVE  
 WEST PALM BEACH FL 33417**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2047979**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ADAMS, ALLEN A JR  
 4000 S 57TH AVE  
 #101  
 LAKE WORTH FL 33463**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,  
 min. will be \$236.25.**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
 NAME LIVELY, EUNICE  
 STREET ADDRESS 4808-D ALDER DR  
 CITY-ST-ZIP WEST PALM BEACH FL

TITLE ☐ Change ☒ Addition  
 NAME **BM ROBERT COCHRAN**  
 STREET ADDRESS **4977A ALDER DR**  
 CITY-ST-ZIP **WEST PALM BEACH FL 33417**

TITLE SD ☐ Delete  
 NAME BORDEN, NANCY  
 STREET ADDRESS 4826A ALDER DRIVE  
 CITY-ST-ZIP WEST PALM BEACH FL 33417

TITLE ☐ Change ☒ Addition  
 NAME **BM CHARLOTTE RUBILLARD**  
 STREET ADDRESS **4968B ALDER DR.**  
 CITY-ST-ZIP **WEST PALM BEACH FL 33417**

TITLE VD ☐ Delete  
 NAME MCKEON, BETTY  
 STREET ADDRESS 6263 BLUE BADEBERRY  
 CITY-ST-ZIP GREEN ACRES FL 33463

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE TD ☐ Delete  
 NAME COOK, JAMES  
 STREET ADDRESS 4928 D ALDER DRIVE  
 CITY-ST-ZIP WEST PALM BEACH FL 33417

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE BM ☐ Delete  
 NAME GERNER, THOMAS  
 STREET ADDRESS 4941A ALDER DRIVE  
 CITY-ST-ZIP WEST PALM BEACH FL 33417

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Signature Required* President 9/02/02 561 686 5895

CR2E037 (4/02)